

OCT 19 2004

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## FACSIMILE COVER SHEET

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 Original documents to follow by mail No originals will be sent

DATE: October 19, 2004

TO: Examiner Carol M. Koslow  
Group Art Unit: 1755

FAX #: 703-872-9306

PHONE #: 571-272-1371

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Application No.: 10/772,102  
Applicant: Kumar  
Due Date: October 21, 2004

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OUR REF.: 2950.21US02

FROM: Peter S. Dardi, Ph.D.  
PHONE #: (612) 349-5746

Attached please find the following document for filing in the above-identified patent application:

- 1) Amendment in response to Office Action dated July 21, 2004 (13 pages)
- 2) Amendment Transmittal (2 pages)

Sincerely,

Peter S. Dardi, Ph.D.  
Reg. No. 39,650

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 on the date shown below thereby constituting filing of same.

October 19, 2004  
Date

  
Peter S. Dardi

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OCT 19 2004

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Attorney Docket No. 2950.21US02

## AMENDMENT TRANSMITTAL

In re the application of:

KUMAR

Confirmation No.: 4854

Application No.: 10/772,102

Examiner: Carol M. Koslow

Filed: February 4, 2004

Group Art Unit: 1755

For: HIGH LUMINESCENCE PHOSPHOR PARTICLES AND METHODS PRODUCING  
THE PARTICLES

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

- Amendment (13 pages).  
 Petition for Extension of Period for Response.  
 \_\_\_\_\_

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	25	- [20]	= 5	x 9	\$45.00		x 18	\$
Indep.	3	- [3]	= 0	x 44	\$ 0.00		x 88	\$
Mult. Dep.			=	+ 150	\$		+ 300	\$
				TOTAL	\$45.00	OR	TOTAL	\$

 First Presentation of Multiple Dependent Claim (MDC)

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of prior Amendment or the number of claims originally filed.

Application No. 10/772,102

- [X] Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- [X] The Commissioner is hereby authorized to charge Deposit Account No. 16-0631 in the amount of \$45.00 for the additional claims fee. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,



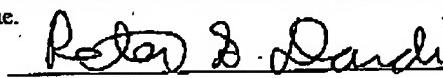
Peter S. Dardi, Ph.D.  
Registration No. 39,650

*Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.*

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Peter S. Dardi